

Department of  
the Secretary of State

**Bureau of Motor Vehicles**

Matthew Dunlap  
Secretary of State

M. F. Chip Gavin  
Deputy Secretary of State

Catherine Curtis  
Director, Division of Vehicle Services

STATE OF MAINE  
APPLICATION FOR TRAILER TRANSIT LICENSE  
Reference Title 29-A Section 462-8

Federal ID Number: \_\_\_\_\_

DOT Number \_\_\_\_\_

I (we) \_\_\_\_\_ with a place of business at \_\_\_\_\_,  
(Give trade name if one is used) (Street Address)

\_\_\_\_\_, \_\_\_\_\_,  
(City) (State) (Zip)

List any other locations where business will be conducted under the same license:

\_\_\_\_\_  
\_\_\_\_\_

Check if: \_\_\_\_ Individual \_\_\_\_ Partnership \_\_\_\_ Corporation

If Corporation, give State of incorporation: \_\_\_\_\_

List names and address (PO Box not acceptable) of each partner or officer of the corporation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I (we) hereby make application for a Trailer Transit License and affirm that I (we) have received a copy of the Rules issued by the Secretary of State, Bureau of Motor Vehicles. I (we) understand the Rules provided, and I (we) are able to comply with all applicable laws and rules.

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Telephone Number)

**Please attach verification of insurance (insurance card, application or binder) to this application.**

Number of Plates	x \$20.00	=	\$
Licensing Fee			\$ 150.00
Total Fees			\$

Motor Vehicle Use Only

Plate # \_\_\_\_\_ # of Plates: \_\_\_\_\_